

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-033810

DO NOT WRITE
ON THIS STUD

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

8984

STATE FILE NUMBER

FILED SEP 12 1963

VS 300
Rev. 4/59

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0500

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70-0

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70

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN ST. LOUIS

Length of stay in 1b
1 MONTH

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION PARK LANE HOSP.

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MO. b. COUNTY JEFF.

c. CITY OR TOWN FESTUS

Inside Limits
Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location)
R#2

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First Middle Last
GEORGIA ANN KLINE

4. DATE OF DEATH
Month Day Year
9-4-63

5. SEX

6. COLOR OR RACE
GEORGIA
WHITE

7. Married ☐ Never Married ☐
Widowed ☐ Divorced ☒

8. DATE OF BIRTH
2-22-1932

9. AGE (last birthday)
31

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

SHOE WORKER

10b. KIND OF BUSINESS OR INDUSTRY
DE SOTO SHOE CO.

11. BIRTHPLACE (City and State or country)
CRYSTAL CITY, MO.

12. CITIZEN OF WHAT COUNTRY
USA

13a. FATHER'S NAME

JOSEPH C. DOBBS

13b. MOTHER'S MAIDEN NAME

BEULAH MORROW

14. NAME OF HUSBAND OR WIFE

--

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of)

no

16. SOCIAL SECURITY NO.

17. INFORMANT
BEULAH DOBBS FESTUS, MO.

Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Intestinal obstruction

INTERVAL BETWEEN
ONSET AND DEATH

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

numerous adhesions

DUE TO (c)

570.5

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m.
Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Jan. 1962 to Sept. 4, 1963 and last saw her alive on Sept. 4, 1963
Death occurred at 9:20pm m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE
9-8-63

23c. NAME OF CEMETERY OR CREMATORY
ROSELAWN MEM. GARDEN

23d. LOCATION (City, town, or county)
CRYSTAL CITY, MO.

(State)

24. FUNERAL DIRECTOR

ADDRESS

GENTRY R. POLITTE CRYSTAL CITY, MO. SEP 6 1963

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Wad Smith, M.D.

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____ Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Gentry R. Polette

Licensed Embalmer No. 3481

P. O. Address

Crystal City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.